

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596632

FILING DATE

6-19-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4						
5			1			
6				1		
7				1		
8			1			
9				1		
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
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48						
49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↑	12	↑		↑
TOTAL CLAIMS			14			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↑		↑		↑
TOTAL CLAIMS						